



Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

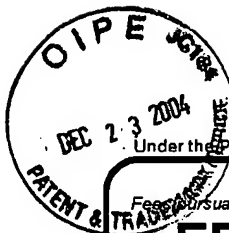
PTO/SB/22 (12-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

APPLICATION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 0169.410US																									
Application Number 10/032,214		Filed December 20, 2001																									
For Novel Co-Stimulatory Molecules																											
Art Unit 1644		Examiner Ouspenski, Iliia																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$ 2160</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0990. <u>I have enclosed a duplicate copy of this sheet.</u></p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 39,804</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 39,804</p> <p><u>Margaret A. Powers</u> <u>Dec. 20, 2004</u> Signature Date</p> <p>Margaret A. Powers (650) 298-5809 Typed or printed name Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ 2160
	<u>Fee</u>	<u>Small Entity Fee</u>																									
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____																								
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____																								
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____																								
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____																								
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ 2160																								

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

12/28/2004 RFEKADU1 00000002 500990 10032214
01 FC:1255 2160.00 DA



Effective on 12/08/2004.

Fee is pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 2160.00)

Complete if Known

Application Number	10/032,214
Filing Date	December 20, 2001
First Named Inventor	Juha Punnonen
Examiner Name	Ouspenski, Ilia
Art Unit	1644
Attorney Docket No.	0169.410US

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **50-0990** Deposit Account Name: **Maxygen, Inc.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims <u>37</u> Extra Claims <u>0</u> Fee (\$) <u>0</u> Fee Paid (\$) <u>0</u>		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims <u>73</u> Extra Claims <u>0</u> Fee (\$) <u>0</u> Fee Paid (\$) <u>0</u>		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u> - 100 =	<u> </u> / 50 =	<u> </u> (round up to a whole number) x	<u> </u>	<u> </u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge): <u>Petition for Extension of Time (enclosed herewith)</u>	<u>2160.00</u>

SUBMITTED BY

Signature	<i>Margaret A. Powers</i>	Registration No. <u>39,804</u> (Attorney/Agent)	Telephone <u>(650) 298-5809</u>
Name (Print/Type)	Margaret A. Powers	Date	<u>12/20/04</u>

Certificate of Mailing under 37 C.F.R. §1.8

I hereby certify that this is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents, PO Box 1450, Alexandria VA 22313-1450, Mail Stop: Amendment on the date below:

Typed or Printed Name: Margaret A. PowersSignature: *Margaret A. Powers* Date: December 20, 2004